



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL  
555 East Washington Avenue, Suite 3900  
Las Vegas, Nevada 89101  
Hotline: (702) 486-3132  
Fax: (702) 486-3768

# MORTGAGE FRAUD COMPLAINT FORM

Thank you for taking the time to complete this complaint form. Upon receipt of your complaint, a member of our staff will review your complaint. This process can be lengthy. It may take up to twelve weeks to get a response depending on the circumstances and the information you are able to provide with your complaint.

**INSTRUCTIONS:** Please type or print your complaint in ink and complete the form fully.

## SECTION 1.

### YOUR NAME

Your First Name: \_\_\_\_\_

Your Last Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

(City) (State) (Zip)

Your Phone Number (#): \_\_\_\_\_

Your Mobile #: \_\_\_\_\_

Your Fax #: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

### YOUR COMPLAINT IS AGAINST

Service Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

(City) (State) (Zip)

Business Phone #: \_\_\_\_\_

Website: \_\_\_\_\_

Additional Service Provider: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Web Site: \_\_\_\_\_

## SECTION 2.

**Please detail the nature of your request and include copies of all documents including all proof of deposits, bank information, wire transfers, copies of emails, any realtor, broker, property, escrow instructions, loan files, who they dealt with, when, how much in service fees paid/due, and full explanation of what the transaction involved and a chronology of events. You may use additional sheets if necessary.**

Date of payments: \_\_\_\_\_

Form of payments: \_\_\_\_\_

Total amount of payments: \_\_\_\_\_

My complaint is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 3.

I understand that the Attorney General is **not my private attorney**, but rather represents the public by enforcing laws prohibiting fraudulent, deceptive or unfair business practices. I understand that the Attorney General's Office does **not** represent private citizens seeking refunds or other legal remedies. I am filing this complaint to notify the Attorney General's Office of the activities of a particular business or individual. I understand that the information contained in this complaint may be used to establish violations of Nevada law in both private and public enforcement actions. I authorize the Attorney General's Office to send my complaint and supporting documents to the individual or business identified in this complaint. I understand that this complaint is also subject to disclosure under Nevada's Public Record Law.

(Signature)

(Print Name)

(Signature)

(Print Name)

Date: \_\_\_\_\_